**Anthony Housefather**

**MP Mount Royal**

**4770 Kent Ave. #316, Montreal Quebec H3W 1H2**

**PARLIAMENTARIAN AUTHORIZATION FORM**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **UCI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Postal Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief Description of ISSUE:**

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Anthony Housefather, and/or his delegates, to:

Print your name

* Collect and use my personal and/or confidential information for the purpose of investigating or resolving the ISSUE;
* Make enquiries with relevant individuals and entities, including government departments and agencies, concerning the ISSUE and seek any other relevant information as required;
* Disclose my INFORMATION to such relevant individuals and entities, as appropriate, for the purpose of investigating or resolving the ISSUE;
* On completion of all matters relating to the ISSUE, return my original documents to me and dispose of my file; and,
* In the event that all matters relating to the ISSUE are not completed when Anthony Housefather ceases to be a Member of Parliament,

**[CHECK ONE OPTION]**

* + \_\_\_\_ transfer my file to the successor Member of Parliament, who shall be assigned all the rights and responsibilities of the former Member of Parliament under this Authorization Form;

**OR**

* + \_\_\_\_ return my original documents to me and to dispose of my file.

I also authorize relevant individuals and entities contacted by Anthony Housefather, and/or her delegates to release my INFORMATION to them, as it relates solely to the ISSUE.

I understand that any INFORMATION I provide to Anthony Housefather, and/or his delegates, will be kept confidential, except as described in this Authorization Form, or as required or permitted by law.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**